

DEC 20 2004

PTO/SB/17 (11-04)

Approved for use through 7/31/2006. OMB 0651-0032

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)
1,020.00**Complete if Known**

Application Number	10/069,794
Filing Date	June 24, 2002
First Named Inventor	Sigrid HERTEL
Examiner Name	Marie C. Ubiles
Art Unit	2642
Attorney Docket No.	449122024800

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)																																																																																																								
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Deposit Account Number 03-1952</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Deposit Account Name Morrison & Foerster LLP</div> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Credit any overpayments</p> <p>To the above-identified deposit account.</p> <p><input type="checkbox"/> Other (please identify): _____</p>			2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;">Fee Description</th> <th style="text-align: right; width: 15%;">Fee (\$)</th> <th style="text-align: right; width: 45%;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Total Claims</th> <th style="text-align: center; width: 10%;">Extra Claims</th> <th style="text-align: center; width: 10%;">Fee (\$)</th> <th style="text-align: right; width: 40%;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">10</td> <td style="text-align: center;">- 20 or HP = 0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">HP= highest number of total claims paid for, if greater than 20</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Indep. 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Signature		Registration No. (Attorney/Agent)		43,148	Telephone	(703) 760-7762																																																																																																					
Name (Print/Type)		Kevin R. Spivak		Date	December 20, 2004																																																																																																						

DEC 20 2004

PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

449122024800

In re Application of Sigrid HERTEL ET AL.

Application Number

10/069,794

Filed

June 24, 2002

For: METHOD AND SYSTEM FOR DIVERTING
TELECOMMUNICATIONS CONNECTIONS

Art Unit

2642

Examiner

M. Ubiles

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952

I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number _____

attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 43,148

December 20, 2004

Date

703-760-7762

Telephone Number

Signature

43,148

for

Regn. 36,119

Kevin R. Spivak

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

12/21/2004 NNGUYEN1 00000021 031952 10069794

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VA-88167